

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>08/19/93</u>		2 Serial/Patent # <u>07/796 207</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
	Filing		\$
	Amendment		\$
<input checked="" type="checkbox"/>	Extension of Time	<u>4</u>	<u>07/26/93</u> \$ <u>110.⁰⁰</u>
	Notice of Appeal/Appeal		\$
	Petition		\$
	Issue		\$
	Cert of Correction/Terminal Disc.		\$ <u>2/89</u>
	Maintenance		\$ <u>3/90</u>
	Assignment	<u>X</u>	\$ <u>9/90</u>
	Other		\$
		7 TOTAL AMOUNT OF REFUND \$ <u>110.⁰⁰</u>	
10 REASON:		8 TO BE REFUNDED BY:	
	Overpayment	Treasury Check	
	Duplicate Payment	Credit Deposit A/C #:	
<input checked="" type="checkbox"/>	Fee Due (Explanation):	<input checked="" type="checkbox"/> <u>05--0225</u>	
<p>Finance was supposed to charge Applicant for 840.⁰⁰ instead of \$110. Applicant petitions for 3mos. not 1 mos.</p>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>BRENDA HARRISON</u>		TITLE: <u>Appl. Exr.</u>	
SIGNATURE: <u>Brenda Harrison</u>		PHONE: <u>305-9632</u>	
OFFICE: <u>Group 2300</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>Linda Connolly</u>		DATE: <u>8/19/93</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B